TRICARE Consumer Watch

West◆Quarter 2 CY 2005

HEALTH PROGRAM ANALYSIS & EVALUATION DIRECTORATE

West: Sample size-15,543 Response rate-32.8% **MHS: Sample size-50,000 Response rate-31.4%**

Inside Consumer Watch

TRICARE Consumer Watch is a brief summary of what TRICARE Prime enrollees in your region say about their healthcare. Data are taken from the Health Care Survey of DoD Beneficiaries (HCSDB). The HCSDB includes questions from the Consumer Assessment of Health Plans Survey (CAHPS) version 3.0H, a survey designed to help consumers choose among health plans. Every quarter, a representative sample of TRICARE beneficiaries are asked about their care in the last 12 months and the results are adjusted for age and health status and reported in this publication.

Scores are compared with averages taken from the 2004 National CAHPS Benchmarking Database (NCBD), which contains results from surveys given to beneficiaries by civilian health plans.

Health Care

Prime enrollees were asked to rate their healthcare from 0 to 10, where 0 is worst and 10 is best.

Figure 1: Health Care Rating

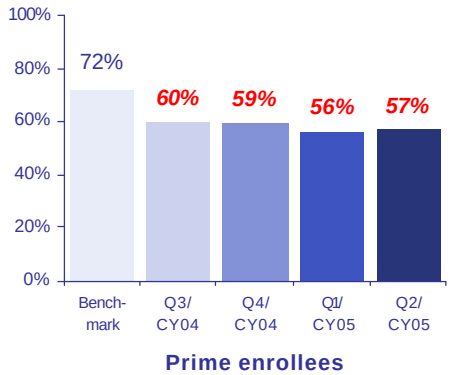
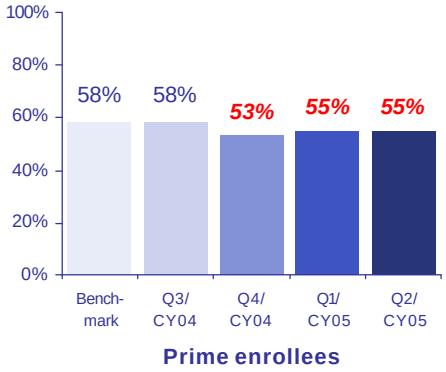


Figure 1 shows the percentage who rated their healthcare 8 or above in the survey fielded in the 2nd quarter of 2005, describing the period April 2004 to March 2005, and each of the 3 previous quarters. Numbers in red italics are significantly different from the benchmark (p<.05). Health care ratings depend on things like access to care, and how patients get along with the doctors, nurses, and other care providers who treat them.

Health Plan

Prime enrollees were asked to rate their health plan from 0 to 10, where 0 is worst and 10 is best. Figure 2 shows the percentage who rated their plan 8 or above for each reporting period.

Figure 2: Health Plan Rating



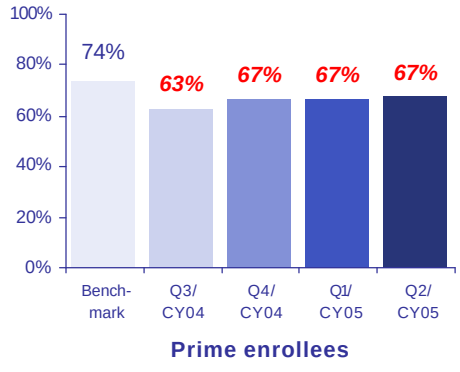
Health plan ratings depend on access to care and how the plan handles things like claims, referrals and customer complaints.

Personal Provider

Prime enrollees who have a personal provider were asked to rate their personal provider from 0 to 10, where 0 is worst and 10 is best.

Figure 3 shows the percentage who rated their doctor 8 or above for each reporting period. Personal doctor ratings depend on how the patient gets along with the one doctor responsible for their basic care.

Figure 3: Personal Provider Rating

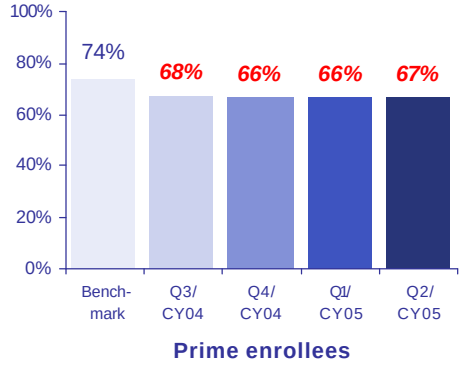


Specialist

Enrollees who have consulted specialist physicians were asked to rate from 0 to 10 the specialist they had seen most in the previous 12 months.

Figure 4 shows the proportion of enrollees who rated their specialist 8 or above for each reporting period. Specialist ratings depend on beneficiaries' access to doctors with the special skills they need.

Figure 4: Specialist Rating



Health Care Topics

Health Care Topics scores average together results for related questions. Each score is the percentage who "usually" or "always" got treatment they wanted or had "no problem" getting a desired service. Asterisks show values significantly different from the NCBD benchmark ($p < .05$).

Figure 5: Access Composites

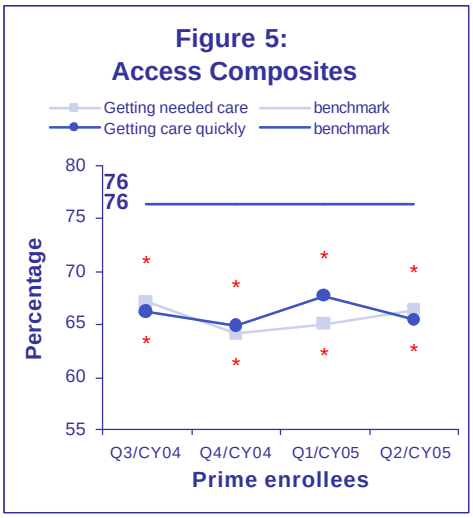
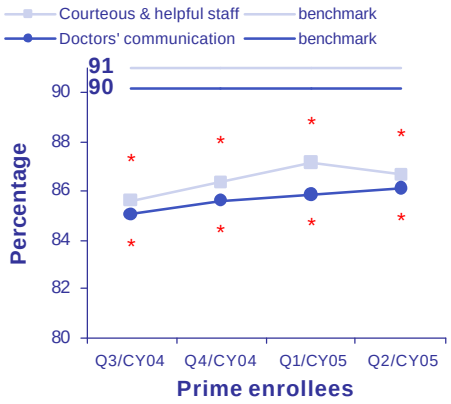


Figure 5 (Access Composites) includes the composites "Getting needed care" and "Getting care quickly." Scores in "Getting needed care" are based on patients' problems getting referrals and approvals and finding a good doctor. "Getting care quickly" scores concern how long patients wait for an appointment or wait in the doctor's office.

Figure 6 (Office Composites) includes the composites "Courteous and helpful office staff" and "How well doctors communicate." Scores in "How well doctors communicate" are based on whether the doctor spends enough time with patients, treats them respectfully and answers their questions. "Courteous and helpful staff" scores measure both the courtesy and helpfulness of doctor's office staff.

Figure 7 (Claims/Service Composites) includes composite scores for "Customer service" and "Claims processing." Scores in the "Customer service" composite concern patients' ability to get information about their health plan and manage its paperwork. "Claims processing" scores are based on both the timeliness and correctness of plan's claims handling.

Figure 6: Office Composites



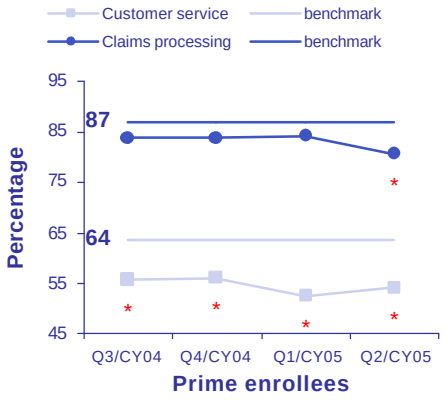
Preventive Care

The preventive care table compares Prime enrollees' rates for diagnostic screening tests and smoking cessation with goals from Healthy People 2010, a government initiative to improve Americans' health by preventing illness.

The mammography rate shown is the proportion of women 40 or above with a mammogram in the past two years. Pap smear is the proportion of adult women screened for cervical cancer in the past three years. Hypertension is the proportion of adults whose blood pressure was checked in the past two years and who know whether their pressure is too high. Prenatal care is the proportion of women pregnant now or in the past 12 months who received prenatal care in their first trimester. Normal weight is defined by Department of Agriculture guidelines based on body mass index (BMI), which is calculated from height and weight. The non-smoking rate is the proportion of adults who have not smoked in over a year. Counseled to quit is the number of smokers whose doctor told them to quit, over the number of smokers with an office visit in the past 12 months.

Rates that are significantly different ($p < .05$) from the Healthy People 2010 goal are shown by red italics.

Figure 7: Claims/Service Composites



Preventive Care

Type of Care	Qtr 3 CY 2004	Qtr 4 CY 2004	Qtr 1 CY 2005	Qtr 2 CY 2005	Healthy People 2010 Goal
Mammography (women ≥ 40)	***83***	***84***	***82***	***84*** (591)	70
Pap Smear (women ≥ 18)	***93***	***93***	***93***	90 (1378)	90
Hypertension Screen (adults)	***90***	***89***	***89***	***91*** (2856)	95
Prenatal Care (in 1st trimester)	86	83	***77***	***81*** (189)	90
Percent Not Obese (adults)	***78***	***81***	***79***	***79*** (2763)	85
Non-Smokers (adults)	***81***	***80***	***81***	***82*** (2808)	88
Counseled to Quit (adults)	73	78	72	68 (416)	-

Issue Brief: Deployment-related Stress

Each quarter, we publish a brief discussion, or issue brief, of a health policy issue relevant to users of TRICARE, based on data from the Health Care Survey of DoD Beneficiaries (HCSDB). This quarter, the issue brief concerns deployment-related stress.

Along with the usual stresses faced by American families, military families face stresses unique to military service. Some are related to deployment, including separation from deployed spouses, and the exposure of a family member to the dangers of combat. Spouses of Guard or Reserve members may be less prepared than other active duty spouses to cope with deployment-related stress.

Stress and Its Impact

Results from the HCSDB, shown in Table 1, indicate that spouses of active duty deployed to a combat zone, experience more stress than do other active duty family members. Sixty-three percent with deployed spouses reported "more" or "much more" stress than usual, compared to 36 percent of other active duty family members. Sixty-eight percent of deployed reservists' spouses reported increased stress, as did 60 percent of other deployed active duty spouses. Other active duty are labeled "Active Duty" here and throughout to distinguish them from activated reservists.

Unlike stress, self-reported mental health status differs little between those whose spouse has been deployed and those whose spouse has not. Compared to large differences in stress, differences are small and not statistically significant in the proportion rating mental health fair or poor (7 percent when spouse is deployed, compared to 5 percent when spouse is not), or seeking treatment or counseling (21 percent when spouse is deployed, compared to 18 percent).

Table 1. Stress, Mental and Emotional Health: Active Duty Family Members

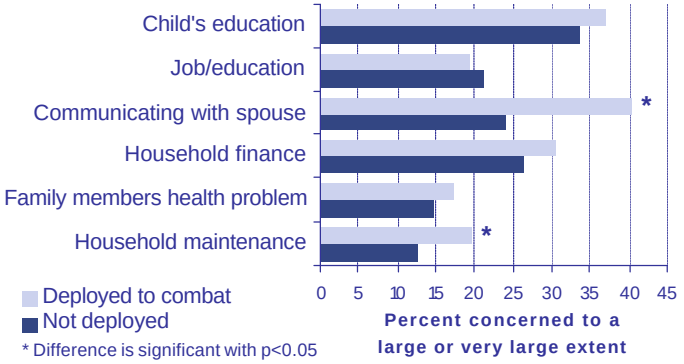
	Among those who do NOT have a deployed spouse	Among those who have a deployed spouse	Among those whose deployed spouse is	
			Guard/ Reserve	Active Duty
	Percent			
More or much more stress than usual	36	63*	68	60
Self-reported mental health - fair/poor	5	7	7	6
Needed counseling for a personal or family problem	18	21	24	19

* Difference is significant with p<0.05

Sources of Stress

Leading concerns identified by survey respondents are shown in Figure 1. Other than the risks of combat, the issues that concern spouses of active duty who are deployed and of those who are not are similar. Communicating with one's spouse and maintaining one's home become substantially greater sources of stress for spouses of deployed. Other concerns, such as children's education, household finance and one's own job or education are equally prevalent in both groups.

Figure 1:
Concerns of Active Duty Family Members



Resources Available

The Office of the Assistant Secretary of Defense for Personnel and Readiness and the branches of service offer or support programs and resources for military families to help them cope with these sources of stress. In addition, TRICARE benefits include psychiatrists, counselors and social workers for those who need professional help.

Examples of resources provided to cope with deployment include:

Military OneSource[1] is a 24-hour information and referral phone counseling service specifically for active duty TRICARE members and their dependents. The OneSource website houses a family assistance center including a library of articles on topics such as Parenting, Readiness, Education, Disability, Financial Planning. The OneSource website also offers a locator service (for child care, etc.) and educational materials.

[1] http://www.militaryonesource.com

The **Deployment Connections**[2] website delivers deployment-related information and services to all active duty and reserve personnel and their dependents. Website users can access information on their benefits and privileges, what to expect during deployment, and resources available to family members.

A *Family Readiness Handbook*[3], provided to all families of deployed personnel, includes information for families on where to look for support groups, counseling, and other resources.

Families of deployed personnel may also turn to **Family Readiness Groups**, support groups sponsored by the branches of service.

Previous surveys of reservists and their spouses indicated that reservists and their families are less likely than other active duty to be aware of resources available to them. DoD and the services have responded with outreach specifically directed at reservists, including a *Guide to Reservist Family Member Benefits* and family readiness toolkits for reservists (GAO, 2003).

Getting Help

The resources available to assist beneficiaries in coping with their deployed spouses' absence include information, support groups, and counseling. As shown in Table 2, half of the family members surveyed have tried to get some kind of help. Fifty percent have sought information, 28 percent have tried support groups and 10 percent have sought counseling to help cope with deployment. Reservist spouses are most likely to seek help. In particular, 40 percent of reservist spouses tried support groups, compared to 23 percent of other active duty spouses.

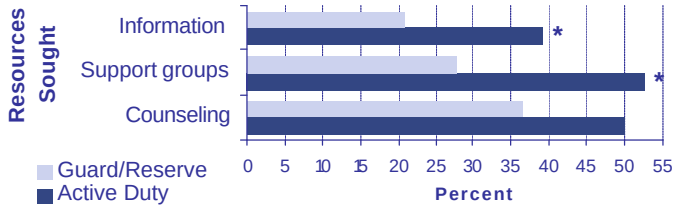
Table 2. Resource Use: Percent Who Sought a Resource to Help Deal With Spouse's Deployment

Resources Sought	Among those who have a deployed spouse	Among those whose deployed spouse is	
		Guard/ Reserve	Active Duty
	Percent		
Information	50	58	46
Support groups	28	40	23*
Counseling	10	14	8

* Difference is significant with p<0.05

Most users found the resources provided them to be at least somewhat helpful (not shown). However, reservist families appear to find these resources less helpful than do other active duty families. Only 28 percent of reservist spouses who tried them found their support groups very helpful, compared to 53 percent of other active duty spouses. Similarly, while 39 percent of other active duty spouses found information provided to them to be very helpful, only 21 percent of reservist spouses did.

Figure 2:
Helpfulness of Resources: Percent Finding the Resource "Very Helpful"



* Difference is significant with p<0.05

Conclusion

Results from the HCSDB survey indicate that spouses of active duty personnel currently deployed to a combat zone face much more stress but do not suffer poorer mental health compared to other active duty family members. To beneficiaries in this situation, DoD, TRICARE and the branches of the armed services provide informational resources and access to support groups and counseling. Most users found these resources to be at least somewhat helpful. However, though they were equally or more likely to look for help compared to other active duty spouses, spouses of reservists find the information provided to them and the support groups less helpful. Our findings suggest that continued efforts by the DoD and services to reach reservists and target support to them are needed.

Sources

Health Care Survey of DoD Beneficiaries, fielded April, 2005. N= 2,512 family members of undeployed active duty, 526 family members of deployed, 145 family members of deployed Guard/Reserve, 381 family members of other deployed active duty.

U.S. GAO. *DoD Needs More Data to Address Financial and Health Care Issues Affecting Reservists.* Washington D.C., September, 2003.

[2] http://www.deploymentconnections.dod.mil

[3] http://www.hooah4health.com/deployment/familymatters/FSGhandbook.htm